

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Ms Emma		OFFICE USE ONLY Date Received 7/15/2014 5:44:56 PM Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged
	NICKNAME LAST SUFFIX Acosta		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 8904 WH Burges El Paso, TX 79925		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 731-2020		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms Enriqueta		
		NICKNAME LAST SUFFIX Queta Fierro	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 8612 Whitus El Paso, TX 79925		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 778-0905		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01/01/2014 06/30/2014		
11 ELECTION	ELECTION DATE Month Day Year ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) City Representative Distirct 3		13 OFFICE SOUGHT (if known)

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Ms Emma Acosta

15 ACCOUNT # (Ethics Commission Filers)**16 NOTICE FROM
POLITICAL
COMMITTEE(S)**

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE☐

GENERAL

☐

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages**17 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 50.00

2. **TOTAL POLITICAL CONTRIBUTIONS**
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 19,600.00

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 1,296.79

4. **TOTAL POLITICAL EXPENDITURES**

\$ 6,817.10

**CONTRIBUTION
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 11,034.66

**OUTSTANDING
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 3,000.00

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*** Electronically Certified ***

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Emma Acosta, this the 16 day of July, 20 14, to certify which, witness my hand and seal of office.

Sylvia Martinez

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
13

2 FILER NAME

Emma Acosta

3 ACCOUNT # (Ethics Commission Filers)

4 Date

03/27/2014

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Alejandro Acosta

6 Contributor address; City; State; Zip Code

5866 Via Cuesta Dr 79912

7 Amount of
contribution (\$)

150

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

Atty

10 Employer (See Instructions)

Date

03/27/2014

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jorge F & Minerva C Acosta

Contributor address; City; State; Zip Code

7177 Granite Rd

Amount of
contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Supporters

Employer (See Instructions)

Date

03/27/2014

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Rafael Adame

Contributor address; City; State; Zip Code

764 Dahlia Ct 79922

Amount of
contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

CEO

Employer (See Instructions)

Mexus

Date

03/27/2014

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Emma P. Aguilar

Contributor address; City; State; Zip Code

3420 Pershing 79903

Amount of
contribution (\$)

150

(If travel outside of Texas, complete Schedule T)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/27/2014

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Herlinda Arriola

Contributor address; City; State; Zip Code

3420 Pershing 79903

Amount of
contribution (\$)

50

(If travel outside of Texas, complete Schedule T)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Supporter

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

City Clerk Dept.
7/16/2014 8:15:56 AM

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1 Total pages Schedule A:
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2 FILER NAME

Emma Acosta

3 ACCOUNT # (Ethics Commission Filers)

4 Date

03/27/2014

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Jose Xavier Banales

6 Contributor address; City; State; Zip Code

4520 Shady Willow 79922

7 Amount of
contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

Supporter

10 Employer (See Instructions)

Date

03/27/2014

Full name of contributor

☐ out-of-state PAC (ID# _____)

Lu A Beaman

Contributor address; City; State; Zip Code

6186 Los Felinos Circle 79912

Amount of
contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Supporter

Employer (See Instructions)

Date

03/27/2014

Full name of contributor

☐ out-of-state PAC (ID# _____)

Tanny Berg

Contributor address; City; State; Zip Code

P.O. Box 96 79941

Amount of
contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Date

03/27/2014

Full name of contributor

☐ out-of-state PAC (ID# _____)

Carmen & Fred Borrego

Contributor address; City; State; Zip Code

4020 Trowbridge Dr 79903

Amount of
contribution (\$)

500

(If travel outside of Texas, complete Schedule T)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/27/2014

Full name of contributor

☐ out-of-state PAC (ID# _____)

Ali & Lydia Bourseian

Contributor address; City; State; Zip Code

10009 Album Av 79925

Amount of
contribution (\$)

50

(If travel outside of Texas, complete Schedule T)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Supporter

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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Emma Acosta

3 ACCOUNT # (Ethics Commission Filers)

4 Date

03/27/2014

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Roger or Twana Bristow

6 Contributor address; City; State; Zip Code

6432 Tarrascas

7 Amount of contribution (\$)

150

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

Supporter

10 Employer (See Instructions)

Date

03/27/2014

Full name of contributor

☐ out-of-state PAC (ID# _____)

Lillian Chavez

Contributor address; City; State; Zip Code

7101 Desert Jewel Dr 79912

Amount of contribution (\$)

30

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Supporter

Employer (See Instructions)

Date

03/27/2014

Full name of contributor

☐ out-of-state PAC (ID# _____)

Ruben Chavez

Contributor address; City; State; Zip Code

1912 Paseo Real Cr 79936

Amount of contribution (\$)

300

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Supporter

Employer (See Instructions)

Date

03/27/2014

Full name of contributor

☐ out-of-state PAC (ID# _____)

Mike Dipp

Contributor address; City; State; Zip Code

PO Box 55

Amount of contribution (\$)

300

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/27/2014

Full name of contributor

☐ out-of-state PAC (ID# _____)

Blanca E. Enriquez

Contributor address; City; State; Zip Code

1391 Whirlaway

Amount of contribution (\$)

25

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Supporter

Employer (See Instructions)

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SCHEDULE A

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Emma Acosta

3 ACCOUNT # (Ethics Commission Filers)

4 Date

03/27/2014

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Ismael Enriquez

6 Contributor address; City; State; Zip Code

8904 WH Burges

7 Amount of contribution (\$)

1500

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

Supporter

10 Employer (See Instructions)

Date

03/27/2014

Full name of contributor

☐ out-of-state PAC (ID# _____)

Talina & John Fields

Contributor address; City; State; Zip Code

6385 Franklin Trail Dr 79912

Amount of contribution (\$)

400

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Supporter

Employer (See Instructions)

Date

03/27/2014

Full name of contributor

☐ out-of-state PAC (ID# _____)

Enriqueta & Jesus Fierro

Contributor address; City; State; Zip Code

8612 Whitus 79925

Amount of contribution (\$)

30

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Supporters

Employer (See Instructions)

Date

03/27/2014

Full name of contributor

☐ out-of-state PAC (ID# _____)

Jose Fong

Contributor address; City; State; Zip Code

n/a

Amount of contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/27/2014

Full name of contributor

☐ out-of-state PAC (ID# _____)

Mike Garcia

Contributor address; City; State; Zip Code

268 S. Clark

Amount of contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Supporter

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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2 FILER NAME

Emma Acosta

3 ACCOUNT # (Ethics Commission Filers)

4 Date

03/27/2014

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Carmen O Graham

6 Contributor address; City; State; Zip Code

10142 Stoneway 79925

7 Amount of contribution (\$)

20

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Supporter

10 Employer (See Instructions)

Date

03/27/2014

Full name of contributor

☐ out-of-state PAC (ID# _____)

Rachael Harracksigh

Contributor address; City; State; Zip Code

10633 Vista Alegre

Amount of contribution (\$)

400

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Supporter

Employer (See Instructions)

Date

03/27/2014

Full name of contributor

☐ out-of-state PAC (ID# _____)

Harold Hahn

Contributor address; City; State; Zip Code

2244 Trawood ste 100

Amount of contribution (\$)

1000

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Supporter

Employer (See Instructions)

Date

03/27/2014

Full name of contributor

☐ out-of-state PAC (ID# _____)

Melvin Harris

Contributor address; City; State; Zip Code

8716 Edgemere 79925

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/27/2014

Full name of contributor

☐ out-of-state PAC (ID# _____)

Irene Hernandez

Contributor address; City; State; Zip Code

7300 Kiowa ct 79932

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Supporter

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1 Total pages Schedule A:
13

2 FILER NAME

Emma Acosta

3 ACCOUNT # (Ethics Commission Filers)

4 Date

03/27/2014

5 Full name of contributor

Ricardo Herrera

☐ out-of-state PAC (ID# _____)

6 Contributor address; City; State; Zip Code

316 Kinswood

7 Amount of contribution (\$)

50

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Supporter

10 Employer (See Instructions)

Date

03/27/2014

Full name of contributor

Juan Hinojos

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

7961 Pecan Ct 79915

Amount of contribution (\$)

150

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Supporter

Employer (See Instructions)

Date

03/27/2014

Full name of contributor

Lillian Jacquez

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

7337 Dale Rd 79915

Amount of contribution (\$)

200

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Supporter

Employer (See Instructions)

Date

03/27/2014

Full name of contributor

Stanley Jobe

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

1150 Southview Dr 79925

Amount of contribution (\$)

1000

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Stanley Jobe

Date

03/27/2014

Full name of contributor

The El Paso Assoc of Firefighters Local 51

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

3112 Forney Dr

Amount of contribution (\$)

1500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Supporters

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1 Total pages Schedule A:
13

2 FILER NAME

Emma Acosta

3 ACCOUNT # (Ethics Commission Filers)

4 Date

03/27/2014

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mathew Loweree

6 Contributor address; City; State; Zip Code

9117 McFall

7 Amount of contribution (\$)

150

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

Supporter

10 Employer (See Instructions)

Date

03/27/2014

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Stacy C & Gerardo H Martinez

Contributor address; City; State; Zip Code

6831 Dakota ridge

Amount of contribution (\$)

300

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Supporter

Employer (See Instructions)

Date

03/27/2014

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Charlie McNabb

Contributor address; City; State; Zip Code

5020 Montoya 79922

Amount of contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Atty

Employer (See Instructions)

Date

03/27/2014

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Gilbert Mendez

Contributor address; City; State; Zip Code

9012 McFall

Amount of contribution (\$)

200

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/27/2014

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Janet Monteros

Contributor address; City; State; Zip Code

525 Sansaba

Amount of contribution (\$)

25

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Supporter

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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Emma Acosta

3 ACCOUNT # (Ethics Commission Filers)

4 Date

03/27/2014

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ralph & Ivonne Hernandez

6 Contributor address; City; State; Zip Code

11317 tom Ulozas Dr 79936

7 Amount of
contribution (\$)

50

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

Supporter

10 Employer (See Instructions)

Date

03/27/2014

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Bernadino Olaque

Contributor address; City; State; Zip Code

700 Cinnarmon Teal Circle 79932

Amount of
contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Supporter

Employer (See Instructions)

Date

03/27/2014

Full name of contributor

☐ out-of-state PAC (ID#: _____)

El Paso Municipal Police Officer Assoc Pac

Contributor address; City; State; Zip Code

747 E. San Antonio #103

Amount of
contribution (\$)

2000

(If travel outside of Texas, complete Schedule T)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Supporter

Employer (See Instructions)

Date

03/27/2014

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Carmen I or Jacqueline Perez

Contributor address; City; State; Zip Code

10464 Janway

Amount of
contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/27/2014

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Barbara Perez

Contributor address; City; State; Zip Code

11528 James Grant 79936

Amount of
contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Supporter

Employer (See Instructions)

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2 FILER NAME

Emma Acosta

3 ACCOUNT # (Ethics Commission Filers)

4 Date

03/27/2014

5 Full name of contributor

Lorena Quezada

☐ out-of-state PAC (ID# _____)

6 Contributor address; City; State; Zip Code

12337 Tierra Limpia 79936

7 Amount of contribution (\$)

100

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Supporter

10 Employer (See Instructions)

Date

03/27/2014

Full name of contributor

Teresa Quezada

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

4312 Santa Rita

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Supporter

Employer (See Instructions)

Date

03/27/2014

Full name of contributor

Gerald Rubin

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

538 Laurel Canyon 79912

Amount of contribution (\$)

1000

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Supporter

Employer (See Instructions)

Date

03/27/2014

Full name of contributor

Juan Sandoval

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

6243 Arapho 79905

Amount of contribution (\$)

200

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/27/2014

Full name of contributor

Richard Teschner

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

1800 N. Stanton #302

Amount of contribution (\$)

250

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Professor

Employer (See Instructions)

UTEP

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1 Total pages Schedule A:
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2 FILER NAME

Emma Acosta

3 ACCOUNT # (Ethics Commission Filers)

4 Date

03/27/2014

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Carol Trujillo

6 Contributor address; City; State; Zip Code

239 Euclid

7 Amount of contribution (\$)

20

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

Supporter

10 Employer (See Instructions)

Date

03/27/2014

Full name of contributor

☐ out-of-state PAC (ID# _____)

Dr. Jean R. Joseph Vanderpool

Contributor address; City; State; Zip Code

425 Majestic Mountain Dr 79912

Amount of contribution (\$)

200

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Supporter

Employer (See Instructions)

Date

03/27/2014

Full name of contributor

☐ out-of-state PAC (ID# _____)

Paula Villalobos

Contributor address; City; State; Zip Code

7358 Luz de Dia 79912

Amount of contribution (\$)

60

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Supporter

Employer (See Instructions)

Date

03/27/2014

Full name of contributor

☐ out-of-state PAC (ID# _____)

Ray Villalobos

Contributor address; City; State; Zip Code

7358 Luz de Dia 79912

Amount of contribution (\$)

60

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Supporter

Employer (See Instructions)

Date

03/27/2014

Full name of contributor

☐ out-of-state PAC (ID# _____)

Melanie & George Wayne

Contributor address; City; State; Zip Code

5595 Westside Dr

Amount of contribution (\$)

800

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Supporter

Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

City Clerk Dept.
7/16/2014 8:15:56 AM

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
13

2 FILER NAME

Emma Acosta

3 ACCOUNT # (Ethics Commission Filers)

4 Date

03/27/2014

5 Full name of contributor

George C Wayne

☐ out-of-state PAC (ID# _____)

6 Contributor address; City; State; Zip Code

5539 El Paso Dr

7 Amount of
contribution (\$)

400

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Supporter

10 Employer (See Instructions)

Date

03/27/2014

Full name of contributor

Donald Williams

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

3301 Rain Dance 79936

Amount of
contribution (\$)

100

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Supporter

Employer (See Instructions)

Date

03/27/2014

Full name of contributor

Laura Winter

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

316 Kingswood

Amount of
contribution (\$)

50

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Supporter

Employer (See Instructions)

Date

03/31/2014

Full name of contributor

Pablo Alvarado

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

4748 Excalibur Dr 79912

Amount of
contribution (\$)

100

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/31/2014

Full name of contributor

Juan Sandoval

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

1537 Bengal Dr 79935

Amount of
contribution (\$)

200

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Supporter

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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7/16/2014 8:15:56 AM

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
13

2 FILER NAME

Emma Acosta

3 ACCOUNT # (Ethics Commission Filers)

4 Date

03/27/2014

5 Full name of contributor

Richard Castro

☐ out-of-state PAC (ID# _____)

6 Contributor address; City; State; Zip Code

3332 Wedgewood

7 Amount of contribution (\$)

2000

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

President

10 Employer (See Instructions)

Castro Industries

Date

03/27/2014

Full name of contributor

Dan Olivas

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

240 Thunderbird Ste D 79912

Amount of contribution (\$)

200

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Supporter

Employer (See Instructions)

Date

04/18/2014

Full name of contributor

Sherman Barnett

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Dirk 79925

Amount of contribution (\$)

1000

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Supporter

Employer (See Instructions)

Barnett Harley Davidson

Date

03/27/2014

Full name of contributor

Hector Gutierrez

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

1035 Calle Flor Rd 79912

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/27/2014

Full name of contributor

Alfredo Longoria

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

El Paso, TX

Amount of contribution (\$)

150

In-kind contribution description (if applicable)

Fundraiser
Food/Beverages

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Supporter

Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

City Clerk Dept.
7/16/2014 8:15:56 AM

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
13

2 FILER NAME

Emma Acosta

3 ACCOUNT # (Ethics Commission Filers)

4 Date

03/27/2014

5 Full name of contributor

Jay Desai

☐ out-of-state PAC (ID# _____)

6 Contributor address; City; State; Zip Code

7174 Alameda

7 Amount of contribution (\$)

150

8 In-kind contribution description (if applicable)

Fundraiser
Food/Beverages

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Supporter

10 Employer (See Instructions)

Date

03/27/2014

Full name of contributor

Ismael Enriquez

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

8904 WH Burges

Amount of contribution (\$)

180

In-kind contribution description (if applicable)

Fundraiser
Food/Beverages

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Supporter

Employer (See Instructions)

Date

03/27/2014

Full name of contributor

Carlos Aguilar

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

El Paso, TX

Amount of contribution (\$)

300

In-kind contribution description (if applicable)

Fundraiser
Food/Beverages

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Govt Affairs

Employer (See Instructions)

CEMEX

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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PLEDGED CONTRIBUTIONS**SCHEDULE B**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:**0****2** FILER NAME

Emma Acosta

3 ACCOUNT # (Ethics Commission Filers)**4** TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date**6** Full name of pledgor☐ out-of-state PAC (ID#:_____)**8** Amount of
pledge (\$)**9** In-kind description
(if applicable)**7** Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)**11** Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:_____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:_____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:_____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:_____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:**1****2** FILER NAME

Emma Acosta

3 ACCOUNT # (Ethics Commission Filers)**4**

TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$ 3000

5 Date of loan

04/01/2014

7 Name of lender

Ismael Enriquez

☐ out-of-state PAC (ID#: _____)**9** Loan Amount (\$)

1500

6 Is lender
a financial
Institution?☐**8** Lender address; City; State; Zip Code

8904 WH Burges

10 Interest rate

0

11 Maturity date

12/31/2014

12 Principal occupation / Job title (See Instructions)

Veteran

13 Employer (See Instructions)

N/A

14 Description of Collateral☐ none **None****15** Check if personal funds were deposited into political account☐**16** GUARANTOR
INFORMATION☐ not applicable**17** Name of guarantor

Ismael Enriquez

18 Guarantor address; City; State; Zip Code

8904 WH Burges

19 Amount Guaranteed (\$)

1500

20 Principal Occupation (See Instructions)**21** Employer (See Instructions)

Date of loan

04/15/2014

Name of lender

Delia Perez

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

1500

Is lender
a financial
Institution?☐

Lender address; City; State; Zip Code

Las Vegas, NV

Interest rate

0

Maturity date

12/31/2014

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

Check if personal funds were deposited into political account

☐GUARANTOR
INFORMATION☐ not applicable

Name of guarantor

Delia Acosta

Guarantor address; City; State; Zip Code

Las Vegas, NV

Amount Guaranteed (\$)

1500

Principal Occupation (See Instructions)

Employer (See Instructions)

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If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2	2 FILER NAME Emma Acosta		3 ACCOUNT # (Ethics Commission Filers)			
4 Date 02/13/2014	5 Payee name Aliana Apodaca					
6 Amount (\$) 140	7 Payee address; City; State; Zip Code N/A					
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) Food/Beverages				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
Date 04/09/2014	Payee name Dora Oaxaca					
Amount (\$) 2250	Payee address; City; State; Zip Code Socorro, TX					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Mangt Svcs				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
Date 05/21/2014	Payee name Adapt					
Amount (\$) 200	Payee address; City; State; Zip Code Unknown					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Donation				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
Date 06/01/2014	Payee name El Paso Baseball Club					
Amount (\$) 187.11	Payee address; City; State; Zip Code N/A					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Food for Guests				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
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7/16/2014 8:15:56 AM

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2	2 FILER NAME Emma Acosta		3 ACCOUNT # (Ethics Commission Filers)			
4 Date 03/31/2014	5 Payee name Alexander Lopez					
6 Amount (\$) 200	7 Payee address; City; State; Zip Code n/a					
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) Payment to volunteers				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
Date 06/01/2014	Payee name Evolve FCU					
Amount (\$) 3840	Payee address; City; State; Zip Code El Paso, TX					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Loan Payment				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <div style="font-size: 24pt; font-weight: bold;">0</div>	2 FILER NAME <div style="font-size: 18pt; font-weight: bold;">Emma Acosta</div>	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: 0	2 FILER NAME Emma Acosta		3 ACCOUNT # (Ethics Commission Filers)			
4 Date	5 Business name					
6 Amount (\$)	7 Business address; City; State; Zip Code					
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:33%">Candidate / Officeholder name</td> <td style="width:33%">Office sought</td> <td style="width:33%">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
Date	Business name					
Amount (\$)	Business address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:33%">Candidate / Officeholder name</td> <td style="width:33%">Office sought</td> <td style="width:33%">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
Date	Business name					
Amount (\$)	Business address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:33%">Candidate / Officeholder name</td> <td style="width:33%">Office sought</td> <td style="width:33%">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
Date	Business name					
Amount (\$)	Business address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:33%">Candidate / Officeholder name</td> <td style="width:33%">Office sought</td> <td style="width:33%">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 0		2 FILER NAME Emma Acosta		3 ACCOUNT # (Ethics Commission Filers)	
4 Date		5 Payee name			
6 Amount (\$)		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule)		(b) Description (See instructions regarding type of information required.)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (See instructions regarding type of information required.)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (See instructions regarding type of information required.)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (See instructions regarding type of information required.)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (See instructions regarding type of information required.)	

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**INTEREST EARNED, OTHER CREDITS/GAINS/
REFUNDS, AND PURCHASE OF INVESTMENTS****SCHEDULE K**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: **0****2** FILER NAME

Emma Acosta

3 ACCOUNT # (Ethics Commission Filers)**4** Date**5** Name of person from whom amount is received**8** Amount
(\$)**6** Address of person from whom amount is received; City; State; Zip Code**7** Purpose for which amount is received

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(\$)

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDEDCity Clerk Dept.
7/16/2014 8:15:56 AM

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T: 0

2 FILER NAME
Emma Acosta

3 ACCOUNT # (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G
☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☐ PAC-E

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G
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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
 •• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

Ms Emma Acosta

2 ACCOUNT # (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

 •• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

 •• Complete this section *only* if you are an officeholder ••

☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

 City Clerk Dept.
 7/16/2014 8:15:56 AM